



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008		Complete if Known	
		Application Number	10/570,909-Conf. #1220
		Filing Date	March 29, 2006
		First Named Inventor	Carsten Hopf
		Examiner Name	Hill, Kevin Kai
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1633
TOTAL AMOUNT OF PAYMENT		(\$)	930.00
		Attorney Docket No.	14129-00001-US

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 03-2775 Deposit Account Name: Connolly Bove Lodge & Hutz LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims Extra Claims Fee (\$) Fee Paid (\$) Multiple Dependent Claims
_____ - 56 = _____ x _____ = _____ Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
_____ - 3 = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

	<u>Fees Paid (\$)</u>
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	120.00
1801 Request for continued examination (RCE) (see 37 ...)	810.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	57,209	Telephone	(302) 658-9141
Name (Print/Type)	Hui-Ju Wu	Date	December 18, 2007		



Application No. (if known): 10/570,909

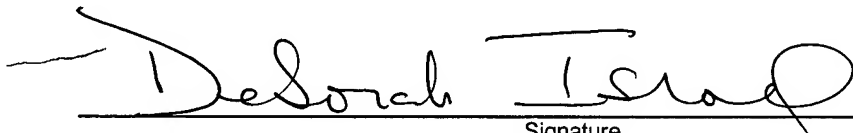
Attorney Docket No.: 14129-00001-US

Certificate of Mailing under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EM 037607173 US and EM 037607465 US, in two boxes addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on December 18, 2007
Date



Signature

Deborah Israel

Typed or printed name of person signing Certificate

Registration Number, if applicable

(302) 658-9141

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Reply Under 37 CFR §1.116 (5 pages)
Request For Continued Examination (RCE) Transmittal (1 page)
Fee Transmittal (1 page)
Supplemental Information Disclosure Statement Transmittal (2 pages),
SB-08 (12 pages) with References (251 references, two boxes in total)
Postcard
Charge \$930.00 to Deposit Account 03-2775